É	I in this information to identify your o	ase:						
De	btor 1 Raymond E	. McCranie, Jr.						
1	btor 2 Kimberly P.	McCranie						
Un	ited States Bankruptcy Court for the	: MIDDLE DISTRICT (OF GEORGIA					
Са	se number 11-71546				Check if this is	s:		
(if k	ломп)		_		An amend	ed filina		
_		**	-w		☐ A supplem	nent showing post-petition as of the following date:		
<u>U</u>	fficial Form B 6I				MM / DD/	YYYY		
	chedule I: Your Inc						12/1	
	ch a separate sheet to this form. Tell: Describe Employment Fill in your employment information.	on the top of any attent	Debtor 1	oui name an	e e	t known). Answer every 2 or non-filing spouse	questio	
	If you have more than one job,			~~				
	attach a separate page with information about additional	Employment status	Employed ☐ Not employed			Employed □ Not employed		
	employers.	Occupation	Sales		Sales			
	Include part-time, seasonal, or self-employed work.	Employer's name	The Home Depo	ot	Just B	e Green Plants, Inc.	_	
	Occupation may include student or homemaker, if it applies.	Employer's address	450 Veterans Pa Moultrie, GA 31			/. Hwy 84 GA 31629		
		How long employed t	here? 4 years	.	 _			
Pa	Give Details About Mor	nthly Income						
spoi	mate monthly income as of the duse unless you are separated. u or your non-filing spouse have mo						_	
mor	e space, attach a separate sheet to	this form.	omonie tile informatic	on for all entip	loyers for that pers	on on the lines below. If	you need	
					For Debtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, salar deductions). If not paid monthly,	ry, and commissions (b calculate what the month	efore all payroll ly wage would be.	2. \$	2,364.00	\$\$		
3.	Estimate and list monthly overti	ime pay.		3. +\$	0.00	+\$ 0.00		
4.	Calculate gross income. Add lin	se 2 + line 3.		4. \$	2 364 00	\$ 2,000,00		

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Debtor 1 Debtor 2			Case	number (<i>if known</i>)	11-71546		
Co	opy line 4 here	4.	For \$	Debtor 1 2,364.00	For Debto		
5. Li:	st all payroll deductions:		_				
5a	• •	E a	c	#F4 AA	٥		
5b		5a. 5b.	\$_ s	551.00	\$ \$	669.36	
5c		5c.	\$	0.00 131.38	\$	0.00	
5d	•	5d.	<u> </u>	0.00	\$	0.00	
5e		5e.	`\$-	109.54	š	0.00	
5f.	Domestic support obligations	5f.	š—	0.00	\$	0.00	
5g		5g.	š—	0.00	\$	0.00	
5h	Other deductions. Specify: 401K	5h.+	· · —	167.00	•	0.00	
6. Ad	ld the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	958.92	\$	669.36	
7. C a	lculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,405.08	\$	1,330.64	
8. Lis 8a	st all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
8b	Interest and dividends	8b.	\$	0.00	s	0.00	
8d. 8d. 8e. 8f.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8c. 8d. 8e.	\$ \$	0.00 0.00 0.00	\$ \$ \$	0.00 0.00 0.00	
	that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00	
8g.		8g.	\$	2,050.00	\$	0.00	
8h.	Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00	
9. A d	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,050.00	\$	0.00	
10. Ca	fculate monthly income. Add line 7 + line 9.	10. \$	2	,455.08 + \$	4 000 04]_[
	d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		,455.06	1,330.64	= \$ 4	,785.72
Inc oth Do	Ite all other regular contributions to the expenses that you list in Schedul lude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no ecify:	ır depen					0.00
VVI	d the amount in the last column of line 10 to the amount in line 11. The reliet that amount on the Summary of Schedules and Statistical Summary of Certicles	esult is th ain Liabi	ie com lities a	bined monthly in	ncome. a, if it 12.		,785.72
13. Do ∄	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	n? 				Combine monthly i	

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Fi	l in this information to	identify ýður cas			ł				
De	btor 1 Ray	mond E. McCra	ınie, Jr.		Chec	k if this is:			
		-	,,, <u>, , , , , , , , , , , , , , , , , ,</u>	An amended filing					
1	btor 2 Kim pouse, if filing)	berly P. McCra			wing post-petition chapter f the following date:				
Un	ited States Bankruptcy C	ourt for the: MIDE	DLE DISTRICT OF GEORGI	Α	<u> </u>	MM / DD / YYYY			
	se number 11-7154 known)	16				A separate filing fo 2 maintains a sep	or Debtor 2 because Debto arate household		
0	official Form	B 6J		,	•				
S	chedule J:	Your Expe	nses				12/1		
Be inf	as complete and ac	curate as possil pace is needed, a	le. If two married people a	re filing together, b form. On the top o	ooth are equal of any addition	ally responsible onal pages, write	for supplying correct		
	Describe Yo	ur Household	-						
1.							···		
	□ No. Go to line 2								
	Yes. Does Deb	tor 2 live in a sep	arate nousehold?						
	█ No ☐ Yes. De	btor 2 must file a s	separate Schedule J.						
2.	Do you have depe	ndents? 🔲 No							
	Do not list Debtor 1 and Debtor 2.	Yes	Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?		
	Do not state the dependents' names	S.		Granddaughte	r	1	□ No No Yes		
							□ No		
				Daughter			Yes		
	1 '						□ No □ Yes		
							□ res □ No		
_							☐ Yes		
3.	Do your expenses expenses of peop yourself and your	le other than	Ma No □ Yes						
Par	i 2 Estimate Yo	ur Ongoing Mon	hly Expenses						
Est	timate your expense	s as of your bank	rruptcy filing date unless y tcy is filed. If this is a supp	ou are using this for plemental Schedule	orm as a sup J, check the	pplement in a Ch box at the top o	apter 13 case to report of the form and fill in the		
the	lude expenses paid value of such assis ficial Form 6l.)	for with non-cas tance and have i	h government assistance i ncluded it on <i>Schedule I:</i>)	f you know /our Income		Your expe	enses		
4.	The rental or home payments and any i	ownership experent for the ground	enses for your residence. In or lot.	nclude first mortgage	9 4. \$		850.00		
	If not included in I	ine 4:							
	4a. Real estate ta	avae			4- ^				
		neowner's, or rent	er's insurance		4a. \$ 4b. \$		0.00		
	4c. Home mainte	nance, repair, and	l upkeep expenses		40. \$		50.00 150.00		
_	4d. Homeowner's	association or co	ndominium dues		4d. \$		0.00		
5.	Additional mortgag	ge payments for	your residence, such as ho	me equity loans	5. \$		0.00		

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	otor 1 Raymond E. McCranie, Jr. Kimberly P. McCranie	Case nun	nber (if known)	11-71546
6.	Utilities:			
٥.	6a. Electricity, heat, natural gas	6a.	. \$	276.56
	6b. Water, sewer, garbage collection	6b.	•	20.00
	6c. Telephone, cell phone, Internet, satellite, and cable services		\$	0.00
	6d. Other. Specify: Cable	6d.	· 	150.00
	Cell Phone		\$	220.00
7.	Food and housekeeping supplies		\$	850.00
8.	Childcare and children's education costs	8.	· ·	0.00
9.	Clothing, laundry, and dry cleaning	9.	·	200.00
10.	Personal care products and services	10.		125.00
11.	Medical and dental expenses	11.	•	150.00
12.	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.	\$	800.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	60.00
	Charitable contributions and religious donations	14.	\$	100.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	4-	•	
	15b. Health insurance	15a.	·	0.00
	15c. Vehicle insurance	15b.		0.00
	15d. Other insurance. Specify:	15c.		244.16
16	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	15d.	\$	0.00
	Specify:	16.	\$	0.00
17.	Installment or lease payments: 17a. Car payments for Vehicle 1	4-	_	
	· · ·	17a.		0.00
	17b. Car payments for Vehicle 2 17c. Other. Specify:	17b.	·	0.00
		17c.	·	0.00
1Ω	17d. Other. Specify:	17d.	\$	0.00
10.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	Ś	0.00
19.	Other payments you make to support others who do not live with you.	10.	š ——	
	Specify:	19.	<u> </u>	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Sche	edule I: Y	our Income	
	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.		0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
22	Variation and the second and the sec			0.00
22.	Your monthly expenses. Add lines 4 through 21.	22.	\$	4,245.72
23	The result is your monthly expenses. Calculate your monthly net income.			
2.0.	23a. Copy line 12 (your combined monthly income) from Schedule I.	00.	^	
	23b. Copy your monthly expenses from line 22 above.	23a.		4,785.72
	200. Copy your monthly expenses from line 22 above.	23b.	-\$	4,245.72
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	540.00
24.	Do you expect an increase or decrease in your expenses within the year after yo For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?	u file this	s form? syment to increas	e or decrease because of a
	□ Yes.			
	Explain:			

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Case No	1171546	

AFFIDAVIT

	I/ We,	depose an	nd state	that the	attached	is true	and	correct	to the	best	of my/	our
knowle	edge.	_									•	

This <u>II</u> day of <u>may</u> , 2015

Print Name-Debtor

Sign Name- Debtor 1

Print Name- Debtor 2

Sign Name- Debtor 2

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IN THE UNITED STATES BANKRUPTCY COURT FOR THE MIDDLE DISTRICT OF GEORGIA

IN RE:

Raymond McCranie, Jr.

Kimberly McCranie

Debtor.

* CHAPTER 13

CASE NO. 11-71546

*

CERTIFICATE OF SERVICE

I certify that I have, this 9th day of June, 2015, served a copy of the foregoing Amended Schedules I & J on the Chapter 13 Trustee, Kristin Hurst P.O. Box 1907 Columbus, GA 31902-1907 via electronic notice or by depositing the same in the U.S. Mail in a properly addressed envelope with first class postage affixed thereon to insure delivery.

/s/ Orson Woodall
Orson Woodall

1003 N. Patterson St. P.O. Box 3335 Valdosta, GA 31604-3335 (229) 247-1211 Georgia Bar No. 775040